

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

IA ETHICS AND
CAMPAIGN DISCLOSURE

2008 MAY 15 AM 11:40

COMMITTEE NAME (Must be same as on Statement of Organization)	
<u>Marshall County Republican Women</u>	
IMPORTANT: Indicate type of committee you are reporting for: <input checked="" type="checkbox"/> 2	
(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee (8) Support State of Candidates	

FORM DR-2 (Rev. 01/98)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	<u>9555</u>
Indexed	<u>3</u>
Audited	
Computer	

John Lipe 785-764-6854
SIGNATURE OF TREASURER (or person filing this report) TELEPHONE

5-15-08
DATE SIGNED

Routine Penalties Due For Late Filed Reports Range from \$20 to \$800

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A May 19, 2008 REPORT FOR AN/A (1) ELECTION/(2) NON-ELECTION YEAR.
(report date) Indicate one ☒ 1

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a Notice of Dissolution is filed.)

Local Committees, enter Date of Election
County & Local Committees, enter County in which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.)

\$ 1725.48

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) _____

875.00

Schedule F: Loans Received total (Attach Schedule F) _____

Schedule H: Total Sales of Campaign Property (Attach Schedule H) _____

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) _____

464.00

Schedule F: Loan Repayments total (Attach Schedule F) _____

CASH ON HAND at the end of this reporting period (If final report, balance must be zero) (Attach DR-3)

\$ 2136.48

UNPAID BILLS (From Schedule D - Attach Schedule D) _____ \$

IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) _____ \$

OUTSTANDING LOANS (From Schedule F - Attach Schedule F) _____ \$

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?) _____

___ YES ___ NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) _____ \$

For Instructions, See Back of Form

Receipt Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Marshall Co Republican Worker

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	IF FOR FUND- RAISER INCOME
1/31/08	ID# CK#	Beverly Tuttle 2011 Wardview Rd Marshalltown IA 50158		\$ 25.00	<input type="checkbox"/>
1/31/08	ID# CK#	Phyllis A. Settle 2839 Lafayette Ave Marshalltown IA 50162		25.00	<input type="checkbox"/>
2/6/08	ID# CK#	Shala Ludwig 2238 S. 12th St Marshalltown IA 50158		25.00	<input type="checkbox"/>
1/31/08	ID# CK#	Betty Kurek 1918 W main Marshalltown IA 50158		25.00	<input type="checkbox"/>
1/31/08	ID# CK#	Dorlene Hamilton 2814 Vance Ave Marshalltown IA 50158		25.00	<input type="checkbox"/>
1/31/08	ID# CK#	Madilyn Abernathy 1312 W main Marshalltown IA 50158		25.00	<input type="checkbox"/>
1/31/08	ID# CK#	Karen Squiers 208 Olson Way Marshalltown IA 50158		25.00	<input type="checkbox"/>
1/31/08	ID# CK#	Stella Storgahann 1212 W Anson Marshalltown IA 50158		25.00	<input type="checkbox"/>
2/31/08	ID# CK#	Mylene McKibben 1613 Robertson Dr Marshalltown IA 50158		50.00	<input type="checkbox"/>
1/31/08	ID# CK#	Marilee Nichols 202 Wardview Marshalltown IA 50158		25.00	<input type="checkbox"/>
SUB-TOTAL				\$275.00	
TOTAL (if last page of this schedule)				\$	

* Disclosure is required if the contributor is a relative of the candidate. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)



SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)*Marshall Co Republican Women*

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	IF FOR FUND-RAISER INCOME
1/31/08	ID# CK#	Bette Bagnell 202 Edgemoor Marshalltown IA 50158		\$ 25.00	<input type="checkbox"/>
1/31/08	ID# CK#	Nancy Stone 701 MAIN Marshalltown IA 50158		25.00	<input type="checkbox"/>
1/31/08	ID# CK#	Marian Florin 803 Henry Dr Marshalltown IA 50158		25.00	<input type="checkbox"/>
1/31/08	ID# CK#	Betty Terpstra 508 Edgemoor Marshalltown IA 50158		25.00	<input type="checkbox"/>
1/31/08	ID# CK#	Cindy Mack 204 Highland Acres Marshalltown IA 50158		25.00	<input type="checkbox"/>
1/31/08	ID# CK#	Kathy Beatty 1710 Country Club Pl Marshalltown IA 50158		25.00	<input type="checkbox"/>
1/31/08	ID# CK#	Phyllis Lane 401 New Salem Marshalltown IA 50158		25.00	<input type="checkbox"/>
1/31/08	ID# CK#	Marilyn Egerton 507 Brentwood Marshalltown IA 50158		25.00	<input type="checkbox"/>
2/10/08	ID# CK#	Nona Easton 1717 Country Club Pl Marshalltown IA 50158		25.00	<input type="checkbox"/>
2/10/08	ID# CK#	Glenette Barley 1925 Geyhmann Ln Marshalltown IA 50158		25.00	<input type="checkbox"/>
SUB-TOTAL				\$250.00	
TOTAL (If last page of this schedule)				\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

Paper Form

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)*Marshall Co Republican Women*

STATE CANDIDATES NOTE: If a contribution is received from a STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(8), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	FOR FUND-RAISER INCOME
2/16/08	ID# CK#	Jan Sipe 1704 Olson Way Marshalltown IA 50158		\$ 25.00	<input type="checkbox"/>
3/4/08	ID# CK#	Carol Mascher 201 N. St Marshalltown IA 50158		25.00	<input type="checkbox"/>
3/4/08	ID# CK#	Don Smith - Legg 212 N. 5th St Marshalltown IA 50158		25.00	<input type="checkbox"/>
3/4/08	ID# CK#	Peggy White 2034 200th St Marshalltown IA 50158		25.00	<input type="checkbox"/>
3/4/08	ID# CK#	Sally Becker PO Box 275 Marshalltown IA 50158		100.00	<input type="checkbox"/>
3/14/08	ID# CK#	Carol Wiedenmann 203 Edgebrook Marshalltown IA 50158		25.00	<input type="checkbox"/>
3/14/08	ID# CK#	Marta Hillman 206 Nicholas #36 Marshalltown IA 50158		25.00	<input type="checkbox"/>
4/16/08	ID# CK#	JoAnn Maulk 301 Sugar Plum Marshalltown IA 50158		25.00	<input type="checkbox"/>
4/16/08	ID# CK#	Jan Elliott 8 Edgeland Dr Marshalltown IA 50158		25.00	<input type="checkbox"/>
5/12/08	ID# CK#	Augusta Petrone 1605 W Main Marshalltown IA 50158		50.00	<input type="checkbox"/>
SUB-TOTAL				\$350.00	
TOTAL (if last page of this schedule)				\$ 875.00	

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(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 09/97)	MONEY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Marshall Co Republican Women

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
3/21/08	ID# CK# 1161	IFRU 7016 124th St Bluegrass IA 52726	dues to State	\$ 420.00
3/21/08	ID# CK# 1162	4th Dist Rep Women 2404 Kingsley Ave Rockwell City IA	dues to District	44.00
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			

SUB-TOTAL \$

TOTAL (If last page of this schedule)

\$ 464.00

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$5.00 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 66.5(3)(f).)